

National Autistic Society (The) Kingsley House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kingsley House is a residential care home providing personal care and support for up to 19 younger adults who have autism and a learning disability. At the time of the inspection there were 11 people living at the service with no plans to expand this number.

Kingsley House was formerly a special needs school. It is a large site with a number of buildings which allows people to have their own self contained house or flat as well as communal space and large grounds.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 19 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design meaning people had their own self-contained flats or houses. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People experienced exceptionally responsive care and support from staff who were dedicated to ensuring people had fulfilling and engaging lives. Some of the people living at Kingsley House had experienced a number of unsuccessful placements before living here.

Without exception relatives and professionals agreed that Kingsley House offered people a high standard of care which was truly personalised and ensured people were afforded a person-centred approach which met their needs and wishes.

Staff were skilled and experienced at understanding people's complex behaviours, rituals and ways of communicating. They spoke passionately about people's achievements and progress to be independent. This was key to providing a successful and fulfilling lives for people.

The management team and staff genuinely cared for the people they were supporting. They advocated for them at every opportunity. They were there for them and their families at point of admission, when needing

to transfer to hospital or at the end of their lives. They had recently achieved a national accredited training in end of life care. They had been commended for the effort they had put into ensuring one person could receive hospital treatment which was not thought previously possible to achieve.

People were valued and placed at the centre of the service. Staff promoted their privacy and dignity, enabling them to make choices and have as much control and independence as possible. The service used a variety of methods to facilitate this including supporting people with communication, assistive technology, providing information in an accessible format and a consistent staff team who knew people extremely well.

People's holistic needs were very well met by a staff team who were well-trained and understood the ethos of ensuring person centred care. The provider ensured the staffing ratios remained high so the best possible care and support could be provided. Each person had their own core team of staff which ensured a consistent approach.

People received their medicines in a safe and timely way. Staff worked in the least restrictive way with people and this included ensuring any calming medicines were used only when needed, and once other avenues had been explored.

Staff understood about abuse and robust recruitment processes ensured only staff who were suitable to work with people who may be vulnerable were recruited.

The management team demonstrated an open and transparent management style and were fully engaged with people and staff at the service. Robust quality assurance systems ensured the continued quality and safety of the service and continued to drive improvement. This ultimately improved the outcomes for people living at Kingsley House.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection-

The last rating for this service was good (published 9 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kingsley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by an inspector, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kingsley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection as this is a service for people with Autism who may find people coming into their home difficult and need some time to process our role.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with the registered manager, deputy and six staff. We observed people in their own environment and spoke briefly with a few of those. We sat in on one person's annual review meeting. We looked at medicine records, three care plans and risk assessments, three staff recruitment records and a number of audits relating to records and safety audits.

After the inspection –

We sought feedback from people's relatives and most people were unable or unwilling to give their views. We received feedback from three and had phone calls from two. We sought feedback from seven professionals and received feedback from five.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what to look out for in respect of abuse. They had regular training and discussions as part of their one to one supervision to discuss potential abuse.
- Staff were confident any concerns would be appropriately followed up. One staff member said, "We have to be the voice of these guys because it is not easy for them to say what's wrong."
- The service had robust safeguarding processes and procedures in place which included having a national lead and close scrutiny of any potential safeguarding issues.

Assessing risk, safety monitoring and management

- Risks were clearly identified with each person's care plan. People were supported to take positive risks to enable them to lead a full and active life both within and outside of the service. For example some people's behaviours were heightened by certain triggers. This could cause them to have expressive behaviour which placed themselves or other at potential harm. Risk assessments looked at how to avoid known triggers, and positive support plans showed staff how to deescalate a situation.

Staffing and recruitment

- There were sufficient staff available for each person living in their own flat to ensure their needs were met. Where possible each person had a core of staff who worked with them for consistency. Some people required a more frequent staff change because of the intensive input they required.
- Relatives confirmed their view that there was sufficient staff and core teams were helpful to people. One said "My son has had a stable core team for a while now and we can really see how this helps him."
- Staff said there were enough staff available unless people rang in sick at short notice. The registered manager said that she, the deputy and assistant managers would all stand in if additional staff were required.
- Recruitment practices ensured staff were only employed once they had been fully checked to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines safely, and in the way prescribed for them.
- There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- There was information to guide staff on when medicines prescribed 'when required' should be given. One person's plan was a few weeks past it's review date, but we saw that the registered manager had followed this up to make sure it was reviewed in a timely way.
- Person centred protocols were available for any sedative medicines prescribed and these were regularly

reviewed. Staff were aware of STOMP (a prescribing initiative which aims to stop the over-medication of people with a learning disability, autism or who display challenging behaviours) and told us that this guidance is considered when reviewing people's medicines and protocols.

- When staff made handwritten amendments to medicines records these were signed and dated to show who had made the change. However they were not all double signed to show they had been checked by a second member of staff, which is good practice. We were told this would be implemented straight away.
- Staff received medicines training, and competency checks had been completed to make sure they gave medicines safely.
- There were records of daily checks to people's medicines and regular weekly, monthly and six-monthly audits. We saw that any issues were picked up by these checks and had helped to improve medicines administration at the home. Any incidents were reported and investigated appropriately so that any changes needed could be put in place.

Preventing and controlling infection

- Staff had received training on infection control.
- Measures were in place in all areas of the service to ensure it was kept clean and infection free.
- There was a plentiful supply of protective equipment such as gloves and aprons for staff to use when needed

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team and across the organisation. For example, following a serious incident where a staff member was injured, the service reviewed equipment in place to allow staff to get urgent assistance when needed. This resulted in them upgrading their system. They also ensured their response rate to alarms being pushed was closely monitored.
- Incidents and accidents were audited to identify any trends and reduce further risk. The registered manager and senior managers in the provider organisation reviewed all accidents and incidents and looked at ways to prevent or reduce the risks of similar incidents and accidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The senior management team understood the importance of ensuring a detailed pre-admission assessment was completed. This was to ensure they could meet people's assessed needs and also ensure the environment was right for the individual.
- The newest person to be admitted had a detailed pre-admission assessment which included gaining details from their previous care givers, family and other stakeholders. The registered manager explained they offered taster days and a slow introduction for people. They said, "We tailor their induction to the service to suit the person."
- Staff confirmed there was always a lot of detailed information to discuss prior to the person coming to live at the service. They took into account people's needs, wishes and preferred and important routines which may help them to settle and feel more comfortable.
- Social and healthcare professionals agreed the assessment and ongoing review of people's needs was comprehensive. One said "(name) has had many placements and not all have been successful. At Kingsley House, staff understand his needs and what's important to him. They have worked incredibly hard to ensure he gets the right support, opportunities and a calm environment which has been successful."
- The staff team knew, understood and used legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes for people. For example, ensuring they had annual updates of best practice in working safely with people who had epilepsy. The nurse specialist said "With regard to epilepsy care, I have always found the staff at Kingsley to be responsible in the care and support for people who have epilepsy. The records for epilepsy are maintained and updated regularly, advice is sought from myself and the consultant. Staff receive annual epilepsy awareness training."
- Staff received specialist training in understanding autism and how to work with people who had expressive and challenging behaviours. They used positive support plans to work in the least restrictive way but also ensuring people and staff were safe.

Staff support: induction, training, skills and experience

- Staff had a range of learning opportunities both on line face to face and distance learning. The provider had their own training team to ensure bespoke training in understanding Autism was delivered to all staff.
- Staff confirmed training was available and supported them to do their job safely and effectively.
- There was a proactive approach to ensuring support and appraisals were used to the best effect to drive up the quality of care provided. Staff said they felt very well supported through regular one to one supervision, team meetings and being able to talk to their senior team and peers.
- New staff received a comprehensive induction which including shadowing more experienced staff until

they felt comfortable to work as part of the core team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Each person had their own kitchen and were supported to choose a menu, shop and help prepare their own meals where possible.
- Staff supported people to choose healthy eating options and were aware of people's likes, dislikes, special diets and allergies.
- People were supported to enjoy a variety of exercise and maintain a healthy weight. For example some people enjoyed swimming, trampolining and one person enjoyed running laps around the grounds.
- Staff were knowledgeable about people's specific health conditions and they may need to do to best support a person.
- One GP said, "The team communicate well with us clinicians. They access our services appropriately and in a timely fashion. They involve us in decision making processes, for example when holding best interest meetings. They understand their clients more than most, and are able to play an active role in managing their conditions, or recognising when something has changed in their presentation."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies to ensure people's care and support needs were being well met.
- One professional said "They are always well prepared when reviewing a person. Their care plans are person centred and they work with us to ensure we get the right support hours for people."
- Care records showed staff communicated with other agencies to ensure people's health and emotional needs were being met.
- As part of the inspection we sat in on one person's review. The staff team presented detailed information about the progress the person had made, where they wanted to increase the person's life experiences in a positive way. The reviewing professional said, "The staff here work hard to ensure (name of person) leads the best life possible."

Adapting service, design, decoration to meet people's needs

- Kingsley House was formerly a special needs school. It was been adapted to give each person their own living accommodation with a number of communal areas and lots of outside space.
- The design and layout is not within keeping of registering for the right support, but every effort had been made to ensure people had their own personal space which was homely and personal to them. People had the option to socialise with peers as well as spending time in their own space. This was an essential part of what was important to people living with Autism.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people had an authorized DoLS in place which staff were aware of and was being reviewed on a regular basis.
- The staff team worked really well with independent advocates to ensure they had the right information to assist with any best interest decisions.
- Staff worked in the least restrictive way to ensure people were kept safe but also had opportunities to lead fulfilling lives doing what they enjoyed and also trying new things.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were unable to say whether they felt they were treated with respect and dignity. Some relatives gave feedback following the inspection which showed they believed people were treated well. One relative said "I think that the staff do their utmost to ensure that (name) has a structured regime and good quality of life. He has his own flat, a separate exterior play area and regular activities outside Kingsley House using a Motability vehicle. Most importantly, (name) is treated with affection and respect. I don't really think I can ask for more."
- Health and social care professionals said people were treated as individuals and their equality and diversity was fully respected. For example, one said "(name) has had many placements, their behaviours are such that not many places cope very well for long, but here staff have a real handle on what (name) enjoys doing, what is most important to him and they ensure this is included within his daily plan and regime."
- Staff spoke passionately about what was positive about people. They celebrated successes and worked on what may not be working for people. They demonstrated how they fully considered people's individual and diverse needs. They saw this as being essential to providing the best care and support possible.

Supporting people to express their views and be involved in making decisions about their care

- Staff used a variety of methods to help people be as fully involved as possible in making decisions about their lives. This included pictures, symbols, electronic communication aids.
- Care plans gave really clear information about how best to communicate with each person and how best to support them in helping them make decisions.
- Relatives and professionals said staff were skilled at assisting people to be involved in their care and support. One relative said, "They make sure (name) is fully involved which isn't always easy, but given time and patience staff make sure their views are heard."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were fully promoted by all the staff team. They considered each person's needs and ways they wished to be supported.
- One healthcare professional said "I would like to say that (name)'s needs are met to a high standard of care and commitment, his needs are complex and challenging in many aspects. Staff are dedicated to meeting his needs in a professional way and offer dignity and respect for the individual."
- Staff spoke about the many ways they worked to promote people's independence at all times. They were

proud of the small steps people had taken to increase their independence. One parent spoke about how their relative had recently learnt to use the remote control for their TV. This had enabled them a degree of independence they had not previously enjoyed. The relative said this was due to the commitment and persistence of the staff to help the person learn a new skill.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good.

. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was highly responsive to their needs. This was achieved through having detailed personalised care plans which people and their families were involved in developing and reviewing. When support plans were being developed they were produced in the format the person found most easy to understand and interpret. Plans were sometimes put into a PowerPoint presentation for people to go through a number of times. Where possible people were involved in their review meetings. If they choose not to attend, their views were gained prior to the meeting. One person, for example, chose to email their views to the registered manager.
- People's care packages were planned in line with their assessed needs and this was kept under constant review. For example, most people had additional one to one hours to support them in the everyday lives.
- Each person had a dedicated support team of core staff who had developed a strong and meaningful relationship with the person and also an understanding of their needs and wishes. Essential to working with people with complex needs and autism was understanding the important rituals which people needed and ensuring these were honoured in a way which did not encroach on them being able to enjoy a fulfilling life. For example, understanding a particular obsession with items, being able to talk about them but also limit this so other areas of their lives could be explored and developed.
- Staff were matched to people with similar interests and/or a deep understanding of the individuals complex needs and wishes.
- Every aspect of care and support was carefully planned, reviewed and discussed to ensure the staff team worked in the right way for each individual.
- All social and healthcare professionals who gave feedback said without exception, staff were highly skilled and the service was truly person centred. One said "I do feel they are having their needs met in a person-centred way - in fact I find that all the staff there advocate well for their clients. They can be a challenging group, often with complex needs and behavioural issues. The staff at Kingsley House are very experienced in dealing with these difficulties, and provide a safe environment for their clients."
- Staff went the extra mile to respond to peoples needs. For example, when one person needed to have day surgery to remove teeth, staff developed a social story and began a process of familiarising them with the hospital environment. This included many visits until such a time they were ready to accept this intervention. The relative said they did not think this would have been possible, they said "The staff showed dedication and caring to make sure (name) was as comfortable as they could be. This was a giant step and not ne we ever thought would have been possible in the past."
- One person wished to enter a talent competition, but staff knew the environment would trigger behaviours which may place them or others at risk. Staff worked with them to develop a video they could send to the

talent show. This enabled the person to feel part of the talent show.

- One person had displayed some expressive behaviours which resulted in staff being injured. The staff and management team worked through what the triggers had been and put measures in place to prevent this being likely to occur again. This included updating their personal staff alarm system, using protective equipment and ensuring the person's care plan and risk assessment reflected how to avoid triggers. Despite this serious incident, staff continued to "dream big" for the person, talking about how they loved music and were planning a trip to London. The team may have easily become overly cautious and restricted the person's activities but instead they wanted to expand the person's opportunities.
- Due to the nature of autism and the difficulties this can cause people in terms of sensory processing and understanding the world at times, people sometimes presented behaviours that were challenging. After every incident of challenging behaviour a deputy manager reviewed the incident report and determined if an action plan was needed.
- They employed a speech and language therapist (SALT) and a behaviour support coordinator within the service. The support team were able to refer to these teams if further support was required. This ensured a responsive and individualised approach to each incident and ways of working with people to minimise their anxieties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Every effort was made to ensure people living at Kingsley House had active and fulfilling lives. Due to the nature of Autism, most people found some social situations difficult to process. Staff worked with each person to ensure they had activities which they enjoyed and they accessed their local community.
- Staff spoke passionately about the achievement people had made in trying new and different social situations. One person had recently been to Butlins on holiday and had really enjoyed this. Another person took day trips out which ensured their interests were fulfilled.
- People's well-being and quality of life was enhanced because a comprehensive range of activities had been developed. People's daily and weekly timetables were tailored to suit their wishes and requests. The staff team worked well in ensuring their skills were utilised to the best effect. For example one care worker was a skilled musician and they were given time to share this skill by providing music sessions for people. Another care worker had been assisted to gain trampoline qualifications to enable them to provide this activity for people safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was enabled people to communicate their needs and preferences. People's complex communication was understood by staff which helped people enjoy interactions and be empowered to make their own decisions.
- The service employed a speech and language therapist, who worked across a number of the provider's service. They provided expert support to assist staff in developing their skills and range of communication aids. For example, one person who had limited verbal communication had been assisted to have a range of symbols and pictures with words put on their iPad. This helped them to communicate their needs and wishes, which they previously struggled to do.

Improving care quality in response to complaints or concerns

- The service had a complaints process in easy read format for people to refer to. They used keyworker time

to gain the views of individuals and to check if there were areas of their life they wanted to change or were unhappy about. This way, the staff were very interactive with gaining people's views and listening to the detail of their communication to see if any improvements could be made.

End of life care and support

- Most people living at Kingsley House were young and enjoyed good physical health. Due to the nature of their autism, it may not be appropriate to talk with them about planning for their end of life.
- People's religion and faiths were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a staff team and management group who were motivated to provide person centred care which ensured each person had the best care possible. Care and support was individually tailored to meet people's needs and ensure they were empowered to be in partnership with their staff team.
- Relatives was extremely positive about the person-centred approach and how well and how much their family member had achieved. One said, "The staff go out of their way to make sure (name) goes out as much as possible, enjoying what he does and we could not ask for more."
- Professionals were similarly impressed with the dedication and ethos of the service. One said their funded person was "Living the best life possible."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had been in post for just under 12 months. They said they were working with the staff team to ensure the best quality care was being delivered, as much as understanding their legal responsibility.
- The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- Staff said they felt supported by the management and had an input into the service. Minutes of staff meetings demonstrated staff were active in raising concerns and that management addressed them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As well as the registered manager, there was a senior team who supported this role in reviewing and improving quality through audits, one to one supervision, team learning, debriefing sessions and in-depth reviews of individuals' care.
- Risk both to individuals, staff and the environment was under constant review. Following an incident the service had upgraded their alarm system which allowed staff to alert others they needed urgent assistance. This was monitored for response times to ensure it was a safe environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were at the heart of the service. The registered manager and staff team went the

extra mile to ensure their views were captured in the running and development of the service. This was achieved through ensuring people had the right support to engage fully. This included time and resources to allow people to process information before making a decision.

- Relatives confirmed they were fully involved in the review of their family members care and support. One said "We are kept up to date on every aspect. We attend reviews and our views are listened to."
- Staff confirmed they were fully involved in both the development of individuals care and support and the overall running of the service. They had regular team meetings, one to one supervisions and detailed handover meetings.
- Due to the nature of Autism, it was not easy for the service to engage actively in the local community. However they did use local resources and had built up good relationships with local shops and other businesses.

Continuous learning and improving care; Working in partnership with others

- Continuous learning was seen as key to ensuring the best possible care and support was provided by a staff team who understood people's complex needs.
- Staff confirmed learning was a key part of being confident in their role. They also confirmed learning was taken from times when things did not go so well. Debriefing sessions and detailed handovers for each person's core team took place. This ensured staff learnt from each other and worked in a consistent way with each person.
- Professionals who gave feedback said the service very much worked in partnership with them. This included the local GP practice, specialist learning disability team and commissioning teams.
- We sat in on one review and saw how well the team were working in partnership with the commissioning team and independent advocate to ensure the person had the best possible care and their goals and ambitions were fully considered. The team were passionate to ensure people had opportunities to develop skills and experience new and exciting things, such as holidays.